Washington Recruitment Group

PO Box 47834, Olympia WA 98504-7834 ♦ Toll-free 877-776-1824 ♦ Fax 360-664-9273 ♦ crhmail@doh.wa.gov

Please Fax or Mail Completed Form

PHYSICIAN INTAKE FORM

The Office of Community and Rural Health, a member of the Washington Recruitment Group, works to assist medically underserved (rural and urban) populations improve their access to primary health care. To allow us to match you with compatible practice opportunities, from our database, *please* return this completed form and a current CV. The information you provide will be treated with confidentiality and will only be released with your request/approval.

This form may also be completed by going on line at **www.doh.wa.gov/hsqa/ocrh** and then selecting the *"Health Care Provider Jobs in Washington"* button and then clicking on the *"WRG on-line Form"*

First Name _____ Middle Initial _____ Last Name _____ Date Available _____

Home Address _____ City _____ State _____ Country _____ Zip _____

E-mail _____ Home phone _____ Work phone _____ Cell phone _____ Pager _____

May we call you?

☐ Yes If yes, please state best time(s), place and format (e.g. pager)_____

☐ No

Education and Practice History/Information

Degree: Specialty:

☐ MD ☐ FP ☐ OB/GYN ☐ PSYCH ☐ IM ☐ PEDS ☐ OTHER _____

☐ DO

Medical School: _____ (Name) _____ (City/State) _____ (Graduation Date)

Residency: _____ (Name) _____ (City/State) _____ (Graduation Date)

Subspecialty: _____ (Type) Fellowship: _____ (Name) _____ (City/ State)

Board Status

☐ Board Certified
☐ Board Eligible
☐ Will be Eligible_____ (date)

Loans/obligations

☐ NHSC, length of time_____
☐ State of Washington_____
☐ Medical School Loans_____
☐ Other_____

Credentialed by:

☐ USMLE
☐ FLEX # sittings_____
☐ National Boards
☐ State
☐ Other, describe _____

State Licensed

☐ If yes by which State(s) _____ _____ _____ _____

If currently employed

please state: _____ (Name of employer/practice/hospital) _____ (City, State, Country) _____ (Employment Dates)

Practice Considerations

Are you willing to do OB? (Family Practice only)	☐ Yes	☐ No	☐ No Preference
Will you accept Medicaid and Medicare assignments?	☐ Yes	☐ No	☐ No Preference
Do you desire hospital privileges?	☐ Yes	☐ No	☐ No Preference
Do you want to be affiliated with a medical school?	☐ Yes	☐ No	☐ No Preference
Would you share practice development/operation with a community board?	☐ Yes	☐ No	☐ No Preference
Do you want to work with a certain age group?	☐ Yes	☐ No	☐ No Preference If yes, what age(s)? _____
Are you interested in treating injured workers?	☐ Yes	☐ No	

Type of practice desired: (rank each from 1st to 10th based on preference)

____Multi Specialty Group	___ Solo	____ State Institution	____Health Department
____Single Specialty Group	___ Solo w/ Associate	____ Rural Health Clinic	
____Partnership	___ Hospital Based	____ Community/Migrant Health Center	

Minimum salary requirements? _____

What is your geographic preference? (Please add any information about where you want to live, to help us place you.)

☐ Western WA ☐ No Preference
☐ Eastern WA Comments:_____

What size community would you prefer? (rank from 1 to 4)
(Remember that our focus is on rural communities) _____ Less than 5,000 ____ 25,000 – 50,000 _____ 5,000 – 10,000
_____ 50,000 – 100,000 _____ 10,000 – 25,000 ____ 100,000 – 250,000

Miscellaneous:
Please check one: ☐ US Citizen ☐ Permanent US Visa ☐Other type of Visa_____

If you are bilingual please tell us which language(s)? _____ _____ _____

What is your reason for leaving your current position? _____ _____

Personal Data (This information is OPTIONAL but it will help to better match you and your family to a community and a practice)

Birth Date:_____ Marital status: ☐ Married ☐ Significant other ☐ Single ☐ Divorced

City/State where raised:_____

Name of spouse/significant other and any special needs/interests:_____

_____

Number of children, their ages and any special needs or interests:_____

Long-term professional goals:_____

Any added information you would like to share to help us to match you and your family to a suitable practice opportunity and community? _____ _____

Additional Information: (Please let us know how your learned about our service, to help us learn how to best reach others.)

☒ **WRG or OCRH Website**	☐ AHEC @ WSU Spokane	☐ Newspaper/journal advertisement
☐ 3RNet Website	☐ Western Washington AHEC	☐ Conference/exhibit _____
☐ National Health Service Corps	☐ Northwest Regional Primary Care Assn	☐ Other _____
☐ State Loan Repayment Program	☐ Direct contact (phone/fax/email) with who? _____	